

IBM CORPORATION
INTELLECTUAL PROPERTY LAW DEPARTMENT - 4054
11400 BURNET ROAD
AUSTIN, TEXAS 78758
FAX # 512-838-3516

10/17/01
DATE: 10/17/01

Number of Pages to Follow (including cover sheet) 2

SEND TO:

Name: Susan Ford
Tel No: _____
FAX #: 703-308-6306 703-308-6606

FROM:

Name: Martha Jacosta
Tel. No.: 512-823-1014
Contact #: 512-8

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SPECIAL INSTRUCTIONS OR COMMENTS:

Susan, here is a copy of the transmittal form
as submitted with the Application for Serial # 09/213,907.

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Approved for use through 9/30/2000. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
 These are the fees effective October 1, 1997.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB-09-12.
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 970.00

Complete if Known

Application Number
 Filing Date
 First Named Inventor Jason J. Properi et al
 Examiner Name
 Group / Art Unit
 Attorney Docket No. A19-98-561

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge
 indicated fees and credit any over payments to:

Deposit Account Number 09-0447
 Deposit Account Name IBM Corporation

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code	Small Entity Code	Fee Description	Fee Paid
101	201	Utility filing fee	760.
106	206	Design filing fee	
107	207	Plant filing fee	
108	208	Reissue filing fee	
114	214	Provisional filing fee	
SUBTOTAL (1)			(\$) 760.

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
23	-20 = 3	18	54.
5	-3 = 2	78	156.
Multiple Dependent			-0-

**or number previously paid, if greater; For Reissues, see below

Large Entity Code	Small Entity Code	Fee Description	Fee Paid
103	203	Claims in excess of 20	
102	202	Independent claims in excess of 3	
104	204	Multiple dependent claim, if not paid	
109	209	** Reissue independent claims over original patent	
110	210	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 210.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Small Entity Code	Fee Description	Fee Paid
105	205	Surcharge - late filing fee or oath	
127	227	Surcharge - late provisional filing fee or cover sheet	
139	239	Non-English specification	
147	247	For filing a request for reexamination	
112	212	Requesting publication of SIR prior to Examiner action	
113	213	Requesting publication of SIR after Examiner action	
115	215	Extension for reply within first month	
116	216	Extension for reply within second month	
117	217	Extension for reply within third month	
118	218	Extension for reply within fourth month	
126	226	Extension for reply within fifth month	
119	219	Notice of Appeal	
120	220	Filing a brief in support of an appeal	
121	221	Request for oral hearing	
138	238	Petition to institute a public use proceeding	
140	240	Petition to revive - unavoidable	
141	241	Petition to revive - unintentional	
142	242	Utility issue fee (or reissue)	
143	243	Design issue fee	
144	244	Plant issue fee	
122	222	Petitions to the Commissioner	
123	223	Petitions related to provisional applications	
128	228	Submission of Information Disclosure Stmt	
581	281	Recording each patent assignment per property (times number of properties)	
146	246	Filing a submission after final rejection (37 CFR 1.129(a))	
149	249	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Typed or Printed Name	Signature	Date	Complete (if applicable)
Jeffrey S. Laboua	Jeffrey S. Laboua	12/17/98	Reg. Number 31,633
			Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.63(b))	Attorney Docket No. <u>1119-98-561</u>
	First Inventor or Application Identifier <u>904 on Nucleic</u>
	Title <u>INNOVATIVE HIGH SPEED</u>
	Express Mail Label No. <u>EE 318 062 0744 S</u>

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>29</u>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - References to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>5</u>]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below			
Name <u>David H. Judson</u> Address <u>Hughes & Luce, L.L.P.</u> <u>1717 Main Street, Suite 2800</u> City <u>Dallas, Texas 75201</u> Country <u>USA</u> Telephone <u>914-939-5672</u> Zip Code _____ Fax _____			

Name (Print Type)	<u>J. S. K. B. B. B.</u>	Registration No. (Attorney/Agent)	<u>31,633</u>
Signature	<u>[Signature]</u>	Date	<u>12/17/98</u>

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